

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 715386 (9)

1. Corporation Name
WELLINGTON ARMS, A CONDOMINIUM, INC.

95 JUN 14 AM 9:31

Principal Place of Business	Mailing Address
6530 N OCEAN BOULEVARD OCEAN RIDGE FL 33435	6530 N OCEAN BOULEVARD OCEAN RIDGE FL 33435

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24	29
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
10/09/1968	03/08/1994
4. FEI Number	Applied For
05-9126705	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199 (1)(2) Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

**JOHN TAIT
6530 N. OCEAN
OCEAN RIDGE FL 33435**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	TAIT, JOHN
STREET ADDRESS	6530 N OCEAN BLVD
CITY - ST - ZIP	OCEAN RIDGE FL
TITLE	PD
NAME	HODGKINSON, FRED
STREET ADDRESS	6530 N OCEAN BLVD
CITY - ST - ZIP	OCEAN RIDGE FL
TITLE	SD
NAME	GIBSON, LEONARD
STREET ADDRESS	6530 N. OCEAN BLVD.
CITY - ST - ZIP	OCEAN RIDGE FL
TITLE	D
NAME	TOWLE, WINFIELD
STREET ADDRESS	6530 N. OCEAN BLVD.
CITY - ST - ZIP	OCEAN RIDGE FL
TITLE	TD
NAME	WOODRICH, LAURA
STREET ADDRESS	6530 N. OCEAN BLVD.
CITY - ST - ZIP	OCEAN RIDGE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICHARD WYKOFF
2.3 STREET ADDRESS	6530 N. OCEAN BLVD.
2.4 CITY - ST - ZIP	OCEAN RIDGE, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRES. D.
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SEC. TREAS D.
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laura Woodrich **LAURA WOODRICH** 6-8-95 737-8413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Area #

CR2E037 (3/95)